

## **INDIANA STATE POLICE 2011 CAMP APPLICATION**



## (Administered by the Indiana Troopers Youth Services) —Print Clearly in INK—

Birth Date		Age
City	State	Zip
Female	Female Home Phone # (w/ area code)	
formation Mu	ıst be Completed <sup>5</sup>	****
Policy #_	Policy #	
all medical condition	ons:	
Dear Parent/Guardian: If your camper has a serious injury or illness and we are unable to reach you we need your permission for emergency treatment or surgery as		
		lergency treatment of surgery as
parent/guardian I assume all responsibility for any cost as a result of sickness or inju I also permit the use of my child's likeness in camp promotional publications and release the State of Indiana, the Indiana State Police, and the Indiana Troopers Youth Services from any liability that may arise due to participation.		a camp promotional publications and
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- `	ŕ	
Printed Nai	me (Parent/Guardian)	<del></del>
Emergency	Phone #	
2 <sup>nd</sup> Phone #	<u> </u>	
	Amount Enclosed \$	
Paid by:		
1	Dear Parent/O to reach you verecommended I give my peringuard. I also permit release the St Services from Signed (Parenty Dear Parenty	Female Home Phone # (w/  formation Must be Completed:  Policy #

Mail to: ITA, PO Box 687, Angola, IN 46703
Ouestions? Call 1-800-671-9851